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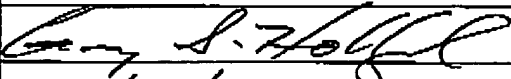
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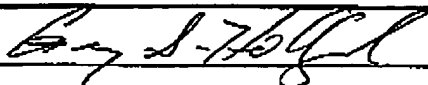
DATE: October 15, 2003	
PTO IDENTIFIER:	Application Number 09/761,969 Patent Number Inventor: Garrity et al.
TO: Examiner Cook, GAU 1641 FAX NUMBER: 703-872-9306	
FROM: Greg S. Hollrigel PHONE: 949-450-1750 Attorney Dkt. #: A1712	
PAGES (Including Cover Sheet): <u>23</u> ?	
CONTENTS: 1. Transmittal Form; 2. Fee Transmittal (in duplicate); 3. Amendment (16 pages) 4. Drawings (2 sheets); and 5. Declaration (1 sheet).	
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/761,969
		Filing Date	January 16, 2001
		First Named Inventor	Garrity
		Group Art Unit	1641
		Examiner Name	Cook, L.V.
Total Number of Pages in This Submission	23	Attorney Docket Number	A1712

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

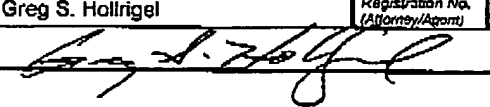
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Greg S. Hollrigel Registration No. 45,374
Signature	
Date	10/15/03

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Greg S. Hollrigel		
Signature		Date	10/15/03

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FEE TRANSMITTAL for FY 2004 <small>Patent fees are subject to annual revision.</small>				Complete If Known																																																																																																																																																																																																																																													
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METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-5135 Deposit Account Name: Greg S. Hollrigel The Commissioner is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				FEE CALCULATION (continued)																																																																																																																																																																																																																																													
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SUBMITTED BY Name (Print/Type): Greg S. Hollrigel Signature:  Registration No. (Attorney/Agent): 45,374 Date: October 15, 2003				Complete (if applicable) Telephone: 949-450-1750																																																																																																																																																																																																																																													